

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Tommy Boswell
 RUSSELL COUNTY JAIL
 P O Box 640
 Phenix City, AL 36868

080055 cmp+OP

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X LGary RC50 4620 ☒ Agent ☐ Addressee

B. Received by (Printed Name)

LGary RC50 4620 C. Date of Delivery *1-28-08*

ress different from item 1? ☐ Yes
 delivery address below: ☐ No

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7007 1490 0000 0026 5711

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540